

What can I do if I'm unable to find an insurance plan to supplement Medicare?

The Indiana Comprehensive Health Insurance Association (ICHIA) is Indiana's state high risk pool plan and provides health insurance for Indiana residents, who cannot obtain other health insurance coverage due to health reasons. Coverage is guaranteed if you meet the eligibility requirements, but you pay regular premium prices and deductibles. For more information on ICHIA, call 1-800-552-7921 or visit their website at www.onlinehealthplan.com

If you are unable to afford supplemental insurance, you may have to pay **out of pocket**. Your out-of-pocket expenses would include your monthly Part B premium (\$93.50 in 2007), all deductibles (\$992 for Part A per benefit period and \$131 for Part B per year), and all co-pays (usually 20%).



The **Medicare Savings Program** helps people with limited incomes and resources pay their Medicare costs. If your monthly income is less than \$1132 for a single person or \$1505 for a couple, and your assets less than \$4000 for a single person or \$6000 for couples, you may be eligible for help paying for your Medicare Part B premium, co-pays, and deductibles. To apply for this program, contact your local Office of Resources.

SHIP is a free, impartial health insurance counseling program funded by the Indiana Department of Insurance and the Centers for Medicare & Medicaid Services. SHIP has local sites in your area and trained volunteer counselors to answer your questions. Call 1-800-452-4800, ext. 4 or visit our website at www.medicare.in.gov

Medicare Advantage Plans

Medicare managed health care plans are offered by private companies and are available in certain service areas. There are no waiting periods for pre-existing conditions, and the plan must enroll you unless you have ESRD or the plan is at capacity.

You have an initial enrollment period three months before, the month of, and three months after you become eligible for Medicare. There is also an annual enrollment period from November 15 through March 31 of each year.

These can be a Preferred Provider Organization-PPO, a Health Maintenance Organization-HMO, or Private-Fee-for-Service-PFFS. Many include Part D prescription coverage.

For a list of plans available in your area, call 1-800-452-4800 or go online to www.in.gov/idoi/shiip/choiceavl.html

Under Age 65 and Disabled?

Information for Medicare Beneficiaries



LOCAL HELP FOR PEOPLE WITH MEDICARE

STATE HEALTH INSURANCE
ASSISTANCE PROGRAM (SHIP)
INDIANA DEPARTMENT OF INSURANCE

FREE Information and
Health Insurance Counseling

1 (800) 452-4800

If I'm under age 65, how could I be eligible for Medicare?

If you are a person with a **disability** who has been entitled to Social Security or Railroad Retirement Act Disability benefits for 24 months, you are eligible for Medicare coverage in the 25th month.

If you are a person with **End Stage Renal Disease** (ERSD) who has permanent kidney failure needing regular dialysis or have had a kidney transplant and are receiving benefits, you are eligible for Medicare after 3 months of dialysis

If you are a person with **Lou Gehrig's Disease** or ALS, you are eligible for Medicare immediately.

To learn more about how to apply for Social Security or Medicare benefits, call 1-800-772-1213 (for hearing impaired, TTY: 1-800-325-0778) or visit www.ssa.gov

Medicare is a major medical plan that provides a basic foundation of benefits. However, it does not pay 100% of all medical bills. Medicare beneficiaries are responsible for premiums, deductibles and co-payments.

These amounts can be significant. Because of these costs, most beneficiaries want some kind of plan, policy or program to fill in the "gaps."

What are my Medicare plan options to help pay for the gaps in Medicare?

Employer Plans. If you have Medicare and either you or your spouse is covered by a large group health plan (sponsored by an employer/employee organization of 100+ workers), the employer plan will provide your primary coverage, and Medicare will be secondary as long as the covered employee is actively working. Otherwise, Medicare is primary.

COBRA. In the situation where you were voluntarily or involuntarily terminated from your job for reasons other than "gross misconduct, this law requires employers with 20 or more employees to provide the temporary continuation of your employer group health coverage at group rates which you would pay. If your disability started before your COBRA did, you could be offered COBRA for a total of 29 months. However, if you enroll in Medicare after already being on COBRA, your COBRA coverage will end. COBRA does not apply to the Federal Government or church-owned organizations.

Medicare Supplemental Insurance

In 2007, five Indiana insurance companies are approved to sell to the Under 65 Disabled Medicare beneficiary. These companies may consider your health history to impose waiting periods for pre-existing conditions, higher premiums, or denials. However, you would have a 63-day guarantee of Plans A, B, C, or F (if sold) when:

- Your employee group health plan or retiree plan ends or reduces benefits significantly
- You are enrolled in a Medicare Managed Care Plan, and they end the plan or change the service area
- You disenroll from a Medicare Managed Care Plan within the first 12 months



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare supplement insurance companies that sell to Under 65 Disabled include:

- Anthem Insurance Company, Plan A only 1-800-622-4075
- Bankers Fidelity Life Insurance Company Plan B only, 1-800-241-1439, Ext. 5730
- Golden Rule, Plans A, C, F, and G, 1-800-474-4467
- United American Insurance Company Plans B only, 1-800-331-2512
- United Healthcare Insurance, Plans A and B 1-800-523-5800

SPECIAL NOTE: When you turn 65 and have both Parts A & B of Medicare, you are guaranteed the Medicare supplemental insurance of your choice (Plans A - L) regardless of your disability or already having Medicare. This guarantee is available for the first 6 months after you turn 65. Medicare supplemental insurance companies can not deny coverage, charge your higher premiums, or impose a waiting period because of your disability or health history.

